

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/521036

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		1	1			
7		1	1			
8		1	1			
9	1		1			
10		1	1			
11		2	1			
12		1	1			
13		1	1			
14		1	1			
15		1	1			
16		1	1			
17		1	1			
18		1	1			
19		1	1			
20		1	1			
21			1			
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50						
TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.	21	←	14	←		←
TOTAL CLAIMS	23		17			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						